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COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

Local Registrar: Brenda A. Shapiro

Date Issued: 12/3/15

CERTIFICATE OF DEATH

15-02971

State File Number:

1. Decedent's Legal Name (First, Middle, Last, Suffix)	2. Sex	3. Social Security Number	4. Date of Death (Mo/Day/Yr) (Spell Mo)
Jennifer Lea Dickson Hopkins	Female	293-84-4185	July 12, 2015

5a. Age-Last Birthday (Yrs)	5b. Under 1 Year: Months	Days	5c. Under 1 Day: Hours	Minutes	6. Date of Birth (Mo/Day/Year) (Spell Month)	7a. Birthplace (City and State or Foreign Country)	7b. Birthplace (County)
31					August 27, 1983	Columbus, OH	FRANKLIN

8a. Residence (State or Foreign Country)	8b. Residence (Street and Number - Include Apt No.)	8c. Did Decedent Live in a Township?
Pa	1440 Lombard St., Apt 1R	☐ Yes, decedent lived in _____ (twp.)
8d. Residence (County): Philadelphia	8e. Residence (Zip Code): 19146	☒ No, decedent lived within limits of Philadelphia (city/boro.)

9. Ever in US Armed Forces?	10. Marital Status at Time of Death	11. Surviving Spouse's Name (If wife, give name prior to first marriage)
☐ Yes ☒ No ☐ Unknown	☐ Divorced ☐ Never Married ☐ Unknown ☒ Married ☐ Widowed	Jesse Dickson

12. Father's Name (First, Middle, Last, Suffix)	13. Mother's Name Prior to First Marriage (First, Middle, Last)
Peter BOLDIN	NANCY Lea HOPKINS

14a. Informant's Name	14b. Relationship to Decedent	14c. Informant's Mailing Address (Street and Number, City, State, Zip Code)
Jesse Dickson	Husband	1440 Lombard St, APT 1R, Philadelphia, Pa 19146

15a. Place of Death (Check only one)

If Death Occurred in a Hospital: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival

If Death Occurred Somewhere Other Than a Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)

15b. Facility Name (If not institution, give street and number)	15c. City or Town, State, and Zip Code	15d. County of Death
1440 Lombard St., Apt 1R	Philadelphia, PA 19146	Philadelphia

16a. Method of Disposition	16b. Date of Disposition	16c. Place of Disposition (Name of cemetery, crematory, or other place)
☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	7-16-2015	Delaware County Crematory

16d. Location of Disposition (City or Town, State, and Zip)	17a. Signature of Funeral Service Licensee or Person in Charge of Interment	17b. License Number
Lansdowne, Pa 19050	Joan M. Dey	012824

17c. Name and Complete Address of Funeral Facility: TOPPITZER FUNERAL HOME 2900 STATE RD, DREXEL HILL, PA 19026

To Be Completed/Verified by: FUNERAL DIRECTOR

18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death.
- ☐ 8th grade or less
- ☐ No diploma, 9th - 12th grade
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g. AA, AS)
- ☒ Bachelor's degree (e.g. BA, AB, BS)
- ☐ Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino

(Specify) _____

20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be.
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Other (Specify) _____
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be.
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander
- ☐ Don't Know/Not Sure
- ☐ Refused
- ☐ Other (Specify) _____

22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED.	22b. Kind of Business/Industry
MEDICAL RESEARCH TECH.	EDUCATION

ALIAS USED: _____

ITEMS 23a - 23d MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH	23a. Date Pronounced Dead (Mo/Day/Yr)	23b. Signature of Person Pronouncing Death (Only when applicable)	23c. License Number
23d. Date Signed (Mo/Day/Yr)	24. Time of Death: 1:06 PM	25. Was Medical Examiner or Coroner Contacted? ☒ Yes ☐ No	

CAUSE OF DEATH

26. Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) ——→	a. Seizure Disorder	
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	b.	
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	
	Due to (or as a consequence of):	

26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Acute Bronchopneumonia

27. Was an autopsy performed? ☒ Yes ☐ No

28. Were autopsy findings available to complete the cause of death? ☒ Yes ☐ No

29. If Female:
- ☒ Not pregnant within past year
- ☐ Pregnant at time of death
- ☐ Not pregnant, but pregnant within 42 days of death
- ☐ Not pregnant, but pregnant 43 days to 1 year before death
- ☐ Unknown if pregnant within the past year

30. Did Tobacco Use Contribute to Death?
☐ Yes ☐ Probably ☐ No ☒ Unknown

31. Manner of Death
- ☒ Natural
- ☐ Accident
- ☐ Suicide
- ☐ Homicide
- ☐ Pending Investigation
- ☐ Could not be determined

32. Date of Injury (Mo/Day/Yr) (Spell Month)

33. Time of Injury

34. Place of Injury (e.g. home; construction site; farm; school)

35. Location of Injury (Street and Number, City, County, State, Zip Code)

36. Injury at Work: ☐ Yes ☐ No

37. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify) _____

38. Describe How Injury Occurred:

To Be Completed By: MEDICAL CERTIFIER

39a. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one):
- ☐ Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
- ☐ Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
- ☒ Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Signature of certifier: _____ Title of certifier: Associate Medical Examiner License Number: MD453897

39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26)	39c. Date Signed (Mo/Day/Yr)
Khalil Wardak, M.D., 321 University Avenue, Philadelphia 19104	11/30/15

40. Registrar's District Number	41. Registrar's Signature	42. Registrar File Date (Mo/Day/Yr)
23-239	Donnie A Sexton	12-3-15

43. Amendments

NAME OF DECEDENT: Jennifer Lea Dickson Hopkins